Lima Homecare Limited

Leighton Buzzard Branch

Inspection report

Lipton House
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Leighton Buzzard
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Tel: 03333580038

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25 October 2021
08 November 2021

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Leighton Buzzard Branch is a domiciliary care agency providing personal care to 52 people in their own homes.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, the service was supporting 52 people who received personal care.

People's experience of using this service and what we found
People felt safe and well supported by the staff team. They were listened to and had their choices respected. Staff understood how to keep people safe and reduce risks.

People were supported by staff who were trained in all areas of care relevant to meet their needs. People said staff were kind and caring and went above and beyond to make sure they had everything they needed.

People received their medicines safely and staff also supported them to make meals and drinks of their choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider sought people's feedback about the service and the care they received. People and their relatives were involved in reviewing their care and remained in control of how it was provided. They told us requested changes to their care plans occurred straight away.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating
This service was registered with us on 9/12/2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Leighton Buzzard Branch

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 25 October 2021 and ended on 8 November 2021. We visited the office location on 25 October 2021.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with 16 people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, site manager and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly worked with the service and visited people in their homes.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people in ways that helped keep them safe. People and relatives told us they felt safe with staff and well cared for. One person said, "[Staff] have always made me feel safe when they've been here." A relative said, "It's great, we really like the [staff] that come."
- The registered manager implemented systems and processes to identify any concerns about people's safety. They regularly monitored the information, taking action where required to make sure people were safe.
- The provider gave staff training on safeguarding and abuse awareness and shared regular updates and reminders with staff on best practice in this area. Staff demonstrated a good understanding of safeguarding and told us they felt confident to report concerns.

Assessing risk, safety monitoring and management

- The registered manager had recently completed new risk assessments for people to ensure all risks had been considered. The risk assessments included a review of specific conditions such as diabetes, epilepsy and dementia. They shared risk assessments with staff via the electronic care planning system now in place to ensure staff had up to date information on how to reduce risks.
- Staff had a good understanding of people's diagnosed conditions and used this knowledge to ensure people's needs were met safely while respecting their preferences. Staff told us they informed their supervisors if people's needs changed and risk assessments were then reviewed and updated.

Staffing and recruitment

- People told us staff were always on time and they had not experienced any missed care visits. One person said, "[Staff] always come on time." Another person told us, "[Staff] are pretty good, you can't have it on the dot, usually give or take 10 minutes."
- The registered manager completed all relevant checks on new staff to ensure they were suitable for the role. This included checking their employment history, references and if they had a criminal record.

Using medicines safely

- Staff managed people's medicines safely. Not all people required support with their medicines, but where they did, they told us staff did this well. One person told us, "[Staff] do [my medicines] fine, all the medicines are in a dosset box."
- The registered manager trained staff on safe administration of medicines. This included observing and checking their competence in theory and practice. Staff had good knowledge about medicines that required specific instructions and what to do in the event of an error.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons learnt were used to improve care practices. The registered manager shared regular memos and newsletters with staff to inform them about the learning points from incidents, accidents or complaints. For example, they had introduced forms for staff to complete which enabled better monitoring of incidents which had been a learning action point from a recent safeguarding situation. This helped to ensure incidents were identified and reported quicker.
- Staff told us that the management team often discussed with them what could be learnt from an event and gave them opportunities to reflect. They used this insight to agree ways they could improve practice. One staff member said, "We have been fortunate, we have had near misses and we looked at our procedures and the way we communicated with people. We agreed what we needed to change, and things were then cascaded out to the staff."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us staff had spoken with them to review their care and find out about their preferences and life history. One person told us, "I've got my own way of doing things and [staff] do that. They know how I want to do things; they also have reviews."
- The senior staff had assessed people's needs before providing care for the first time. They also combined information received from hospital assessors and social workers as well as discussing care preferences with the person themselves and their relatives.
- The registered manager used the information gathered to create care plans for people. These were regularly reviewed and amended where a need for change had been identified.

Staff support: induction, training, skills and experience

- Staff received good support and development to ensure they had the right knowledge and skills for their role. The registered manager provided an induction period where staff received training, time to read care plans and get to know people's needs. Staff told us they shadowed more experience staff, had their practice observed and found the process helpful.
- Staff told us they felt management supported them well. They said they were called fortnightly throughout the pandemic to check on their well-being. Senior staff provided them with regular opportunity to discuss their personal and professional development and seek access to training. Staff told us they could request additional or specialised training if they felt it would be beneficial.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink where needed and always checked what people wanted that day. Some people managed their own meals or did so with the support of their relatives. One person told us, "[Staff] always check and ask if I have had my breakfast this morning or ask if I would I would like a cup of tea."
- The registered manager had recently updated systems electronically to ensure staff made clear records of the amounts people ate and drank. This was completed for those who required this due to risks of dehydration or malnutrition. In these cases, the staff worked with people and their specialists such as dieticians, to help ensure safe care and support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked with other health professionals and community services to make sure people received the correct care and equipment. With people's consent, they made referrals to specialists

such as occupational therapists, district nurses and dieticians.
● People told us that staff supported them to attend various health appointments and liaise with their doctor. One person told us, "My morning [staff member] takes me to appointments; they have taken me to have my flu jab." Another person said, "I'm having trouble with my G.P. Thanks to the carers I have been able to get my cream."
● Staff worked with primary health professionals such as general practitioners and pharmacists to ensure medicines were correct and safely delivered and stored. Staff recorded the fluid input and output for people who required catheter care so that any concerns could be quickly identified.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.
● The registered manager and staff team understood the principles of the Mental Capacity Act and supported people to make choices that were in their best interest. For example, people who had been assessed as not having the mental capacity to consent to their care, they had followed the best interest process.
● Most people had the mental capacity to make their own decisions and had signed to give their consent for support with their care and medicines. People told us staff always respected their choices. One person said, "[Staff] always ask for consent."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. People told us how staff listened to them, for one person it was particularly important that staff took extra time to do this when they felt down. They said it helped cheer them up and staff took time to learn things from them.
- One relative gave an example of how a staff member had thought to bring in a needle and thread to repair their family member's favourite cushion which had been chewed by the person's dog. One person said, "The [Staff] need to be commended. They're marvellous, they couldn't do more for you." A relative told us, "[Staff member] is my main carer and is an asset to the company. They go the extra mile. It's good knowing there's somebody that really cares, it's rare."
- The registered manager and staff team understood the importance of promoting equality and respecting people's beliefs. For example, they worked out care visits around times people needed to pray.

Supporting people to express their views and be involved in making decisions about their care

- The staff telephoned people regularly to seek their views about their care and agree any changes to be made. A relative told us, "The office [staff] get in touch. [Staff] are getting the nurse twice a week for [my family member] now."
- The registered manager held reviews with people at various stages of their care to conduct a full review and give them and their relatives the opportunity to discuss how care was provided.
- The registered manager also sent out annual surveys to people and their relatives to seek feedback. They used all of this information to update care plans, risk assessments and improve care and processes.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to do what they could for themselves. One person said, "I get out, we go shopping and have a meal in the restaurant and go to the hairdressers." A relative told us, "Since starting care with them it's made massive positive changes for [my family member]. We're even looking at getting them out of the house soon, which would be a big step for their anxiety."
- Staff understood how to maintain people's privacy and dignity while providing care. People told us staff always showed them respect. One person told us how the staff maintained their dignity. The person said, "At [healthcare appointments [staff] give me the opportunity to talk myself and they just jump in if I need them to."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided personalised care to people. They understood the importance of giving choices and showing patience in order to support a person's decision making. People told us staff went above and beyond to be helpful. One person told us, "I pray five times a day and [staff] respect my prayer times. I've asked them not to come early and they don't." Another person said, "We have a good chat [with staff]. I know about them and they know about me. It's the best care company I've had."
- The registered manager ensured people's preferences were recorded in their care plan. The use of the electronic care system meant staff had immediate access and were alerted to any changes and updates.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager assessed people's commutation needs prior to providing care. This information was then included in their care plans.
- Staff understood when they needed to speak more clearly or at a different volume for some people. One person spoke little English. Their relative told us, "[My family member] only has a few words but they speak in our language as well. The [staff] know what they are saying, and they reply likewise. [Staff] have learnt a few words."

Improving care quality in response to complaints or concerns

- The registered manager reviewed all complaints raised by people or their representatives. They ensured a thorough investigation was made, recorded all actions and outcomes and shared these with the people involved. This included safeguarding teams and people's social workers.
- They agreed with people, changes to be made to improve practices and resolve the concern. They also shared all learning points with staff in newsletters, memos and staff meetings.
- People and their relatives told us they knew how to complain and were happy to do so. One person said, "I can always speak up for myself." Another person told us, "If they weren't any good I would [complain]."

End of life care and support

- End of life wishes had been reviewed for people who wished to discuss them. The service was not currently supporting anyone receiving end of life care, but the registered manager had processes in place should this occur.

● End of life care plans were available if needed and staff had received training. People's relatives had written to the registered manager to thank them for care given previously to their family member at the end of their days.

● Some of the comments in cards and emails included, 'I just wanted to say thank you for all of the help and support you have provided to the family during the last few months of [my family member's] life. And, 'Your team always showed them the utmost respect and care, managing to show such kindness and dignity at all times.'

● Another relative wrote, 'I am very appreciative for all the help received from your [staff] to my late [family member]. [Staff member] came to know them well and quickly understood that they needed their care delivered slowly and in the same order; explaining to them what they were doing at every stage. This was very important to prevent them becoming distressed."

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff team promoted a personalised approach to care with people. They ensured people had choices and adapted approaches to enable people with different needs to remain in control of their care.
- People told us they were happy with the way staff spoke to and supported them. One person told us, "We talk all the time about what I need, they do my food and washing and even do my garden." A relative said, "If [my family member] has a hospital appointment, [staff] make sure there's somebody there afterwards to make them comfortable."
- People who were willing shared their life stories and experiences of care from their own perspectives with staff in the form of a profile newsletter. Staff who were willing did the same about their life stories. This helped promote respect and a shared understanding of people's achievements, interests, dreams and concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager reported notifiable events to relevant agencies without delay. They shared appropriate information with people and relatives about, outcomes and actions if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a good understanding of their roles and responsibilities. They used a variety of processes such as audits, feedback and observations to monitor quality and identify areas for development.
- Staff also had a good understanding of areas of relevant legislation such as safeguarding and the Mental Capacity Act 2005 and how this impacted the way they supported people on a daily basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought regular feedback and views from people about how the service was run and the care they received. They accepted their suggestions and updated people's care plans, or staff approaches as a result.
- People felt listened to and valued by the staff and management team. One person told us, "[Staff] have

helped when I've had a problem, they've helped straight away." A relative said, "We've known [the staff] for a long time They're really friendly, we text each other and I let them know if I have any problems."
● Staff told us they felt able to share ideas and suggestions for improvement. Staff told us the registered manager implemented the change or explained the reasons behind why something could not yet happen. They said they felt very supported by the registered manager and senior staff team.

Continuous learning and improving care
● Staff were encouraged to continually develop their skills and knowledge and increase their qualifications in care.
● The provider had recently introduced a new electronic care planning system. This was implemented but following learning of the system and what it can do, they had plans for how they wanted to further develop the records and the way they were used. This included how staff recorded daily notes, how data could be used for more instant quality assurance processes and a recent introduction of new style risk assessments for people's health conditions.
● The registered manager also shared all learning they received from online networks such as Skills for Care with the staff team to ensure their knowledge of current best practice guidance.

Working in partnership with others
● People told us the staff supported them to access other professionals. A relative told us, "The [staff] have some exercises to do with [my family member] given by the physiotherapists to help straighten their legs."
● The registered manager worked with health professionals to review people's care and arrange for any equipment and prescribed medicines to be put into place.
● The provider explained that they had always worked closely with the care brokerage team to accept an average of two new care packages a week. While they continued to work at this pace, they have had to decline further care packages where there has been an increase in demand for care in the area. They explained this was due to difficulties in recruiting the extra staff that would be required. They recognised that to stretch their current staffing at this time, would mean they could not offer safe and effective care as they do now.